Frequently Asked Questions

RFA No. RMO SMH 071318

1. ***Can you please confirm that the CBO's "practice management system" merely refers to our electronic record keeping system?***

   The practice management system may refer to an electronic record keeping system. Additionally, it may include such elements as: billing, communicating with consumers, documenting clinical activity, tracking provider and practice performance, financial reporting, and gathering and submitting outcome and Continuous Quality Improvement data.

2. ***Are Community Based Organization applicants required to outreach to schools to initiate commitment and matching?***

   No. The Department of Behavioral Health will be conducting the outreach to schools for the initial on-boarding of the SY 2018-2019 implementation of the comprehensive expansion of school mental health services. Additionally, DBH will facilitate schools and providers in having the opportunity to come together to support the matching process.

3. ***What is a risk assessment that is conducted by the DBH Office of Fiscal Services?***

   The Risk Assessment reflects how much hands on guidance that the Department of Behavioral Health will have to provide in order for the applicant to meet the required deliverables of the RFA. Please see attached an example of the Risk Assessment template.

4. ***What are the steps for providers to facilitate and support families in getting children and youth enrolled in Medicaid when the child/youth is uninsured and Medicaid eligible?***

   One goes for Medicaid/Children's Health Insurance Plan (CHIP) insurance coverage: https://dchealthlink.com/

5. ***What are the steps for providers to facilitate and support families in getting children and youth enrolled in Medicaid when the child/youth is uninsured and undocumented?***

   Direct parent or guardian to DHS DC locations of the Economic Security Administration Service Centers for completion of Combined Application which is a paper application. Children who are immigrant or undocumented are able to receive insurance through the Immigrant Children's Program. Given that this Program does not have a behavioral health benefit, there is a DC law that requires the undocumented and immigrant children to receive there behavioral health services through the local dollars of the Department of Behavioral Health. All consumers, whether Medicaid or local-only, should have a code from the Economic Security Administration (ESA) identifying their program eligibility. Since ESA has codes for undocumented consumers, there is no category of consumer that should not receive a code from ESA. The only local reimbursable codes are 420, 470, 470Z, 010Q, 050Q, 012Q & 052Q.

6. ***How do Mental Health Rehabilitation Services (MHRS) receive payment for MHRS services for uninsured/undocumented/immigrant children and youth?***

   Ninety percent (90%) of children enrolled in Medicaid are served by Managed Care Organizations (MCOs). Children in the Immigrant Children's Program are covered by an MCO. Consumers eligible for locally-funded MHRS are those individuals who are not eligible for Medicaid or Medicare or are not enrolled in any other third-party insurance program except the D.C. HealthCare Alliance, and fall below the limited income levels. All consumers, whether Medicaid or local-only, should have a code from the Economic Security Administration (ESA) identifying their program eligibility. Since ESA has codes for undocumented consumers, there is no category of consumer that should not receive a code from ESA. The only local reimbursable codes are 420, 470, 470Z, 010Q, 050Q, 012Q & 052Q.

7. ***What are the options for steps for providers to take to be able to provide mental health and behavioral services to children and youth who are privately insured?***

   A provider may become enrolled with different private insurance companies. Or, the provider may also seek a single case agreement with the insurance company.

8. ***What are examples of non-billable services provided within a School Mental Health Program?***

   Examples of non-billable school-based mental health services are those services that do not have a procedure code and may include such services as:

   - Teacher workshops
   - Parent workshops
   - Prevention manualized curriculums implemented with entire classrooms
   - Participation in early intervention team meetings
   - Participation in school climate and school culture initiatives and related meetings
   - Presentations at *Back to School Night*

9. ***What are examples of billable services provided within a School Mental Health Program?***

   Examples of procedure codes used for mental health services in a school setting include:

	Description
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION
90832	Psychotherapy, 30 minutes with patient
90834	Psychotherapy, 45 minutes with patient
90837	Psychotherapy, 60 minutes with patient
90846	Family psychotherapy (without the patient present), 50 minutes
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes
90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)

10. Do the budget and budget narrative count toward the 10-page limit for this application?

As noted in the RFA, pg. 17(e), "Attachment F is the budget and budget narrative justification form. This form does not count towards the 10 page limit".

11. Do you have "fillable" versions of the forms?

The Word version of the attachments is located on the OPGS website, https://opgs.dc.gov/publication/comprehensive-expansion-school-based-mental-health

We are working to also have those on the DBH website and will provide that link to everyone once the posting has occurred.

12. What is the difference between Attachment G that is listed in the Table of Contents and the DBH Receipt that has the label of Attachment H?

Attachment H is actually Attachment G. The forms are one in the same.

13. What is an example of a supply that costs less than $5000 per unit?

An example of this budget item might be a laptop that the school mental health program clinician uses to enter data into a web-based practice management system used by the Community Based Organization.

14. We are unclear how to prepare a budget for this RFA without knowing how many/which schools we will be assigned to. We can estimate the personnel costs per FTE, but each school will have different needs and programmatic requirements, so non-billable activities, supplies, contractual agreements and such will differ depending on the needs of the school. How should we account for the different needs of the different schools when making the budget?

The budget delineates your rates and what you propose to buy based on your personnel capacity for a full-time clinician placement in a school. Think in terms of the full menu of prevention and early intervention activities that you will pull from to meet the individualized needs of the schools matched for your organization. Attached is an

example of the menu of curriculums that the DBH School Mental Health Program pulled from in SY17-18. When you choose your curriculums and menu of activities, also think about including the supplies generally needed to engage children and youth in the work as well as any supplies suggested by the specific curriculums in your menu. If you will be subcontracting for the prevention or early intervention work, then you will use the rate of that partnering organization.

This budget process is different than those you would typically submit in response to an RFA. This budget is meant to demonstrate a provider's understanding and readiness to participate in the School Mental Health Program expansion this upcoming school year. The budget should focus on delineating the costs of elements that the provider has experience or access to delivering that MAY be utilized in delivering a School Mental Health Program. This will facilitate the Department's ability to assess the provider's readiness in the first year. A final total is not necessary. The ultimate total budget for each provider will be determined after matching has occurred and the number of schools and students a provider is accepting responsibility for has been determined.

15. ***What's the best way to document, in the grant application, current school relationships?***

    This information may be included in section A.3 of the Program Narrative.

16. ***I'm wondering if pre-existing school relationships would be viewed favorably by the review committee and how they could impact CBO/School matching.***

    As noted in Section IX of the RFA, all applications will be objectively reviewed and scored against the provided key criteria.

17. ***How involved have DCPS and DCPCS school based administration been in planning for new CBOs to come into their schools?***

    DBH will conduct an on-boarding process with DCPS and DCPCS school based administration.

18. I am considering a specific staffing structure and would like to know if it would be acceptable.

The staffing structure is up to the organization and Section 2.b.10 of the RFA asks for the supervision structure, capacity, and practice.

19. Does DBH have a percentage of budgeted income in mind for the income associated with billable hours?

For this RFA, DBH does not have a percentage of budgeted income in mind.

20. The RFA states that a memorandum of agreement is required between the applicant and an LEA. Is it possible for the applicant to apply to provide services in a single DC public school, and therefore, establish an MOU with the school individually?

Given that the DC Public Charter Schools are their own Local Education Agency (LEA), a CBO is able to contact the LEA directly and inquire about their interest in developing a Memorandum of Agreement (MOA) with the CBO.

DCPS has a community mental health partnership vetting process that any CBO who wishes to provide mental health services in DCPS schools must complete. Per DCPS' Office of General Counsel, individual schools cannot complete an MOA with CBOs directly. The MOA must be completed at the district level in collaboration with the DCPS School Mental Health team. For more information, please contact: Ms. Rachel Bradley Williams, Interim Director, School Mental Health. Her email address: rachel.bradley-williams@dc.gov

21. What are the expectations for reporting to DBH -- frequency, any templates for reporting, the depth of information that would need to be reported?

The evaluation activities and frequency will be finalized in collaboration with the Evaluation vendor. Selected CBOs will be invited to participate in the development as well.

22. Could you please provide an example of the form of documentation you are asking for regarding documentation of paneling with Medicaid Managed Care Organizations for Appendix 11?

A letter from the Managed Care Organization that confirms the organization's paneling or an internal document that the organization uses to announce the insurance the organization is accepting serves as sufficient documentation.

23. What is the link to the postings on the Office of Partnerships and Grants of the RFA Title: Comprehensive Expansion of School-Based Mental Health?

https://opgs.dc.gov/publication/comprehensive-expansion-school-based-mental-health

24. Is there a subcontracting requirement or will we need to go through the waiver process?

There is no subcontracting requirement.

25. Is this RFA only for certified mental health entities in the District?

The RFA is inclusive of any Community Based Organization that meets the requirements.

26. What is the maximum amount we can request for a grant?

There is no maximum amount to request for this grant opportunity.

27. In looking at the budget, we notice that there is a section for "nonbillable activities." We are thinking of personnel assigned to a school who would do a variety of tasks and would normally list them under the "personnel" section. Could you tell whether you are looking for those personnel to be split between those two sections? We are unclear as to what is being looked for in the "nonbillable activities" section.

See the responses on pages 3-4 of FAQ document #1. The prevention and early intervention activities of the Comprehensive School Mental Health model do not have billable codes at this time. These are the activities that are being called for in the "nonbillable activities" section.

28. Are we restricted in any way to the percentages that are listed in the RFA? We are very willing to support the schools and teachers with other activities, but want to strike the right balance.

There is no restriction related to percentages. Please see RFA pg. 7, Section II, "The school-based behavioral services will be aligned with the behavioral health unmet needs/gaps within the school. And, the array of services may include prevention, early intervention and treatment." Please also see Question 2 of FAQ document #1.

29. We are wondering about how DBH would handle any billing/invoicing, and specifically whether that would need to be through iCams.

The grants are to support the prevention and early intervention services. These services are currently without billing codes in the District. If providing treatment services is within the unmet need within the school where the Community Based Organization is partnered, the provider will follow and utilize their practice management system for billing for treatment services. See FAQ document #1 for various responses related to supporting families in accessing insurance coverage.

30. We have noticed a distinction between the billable and non-billable services allowed during the grant period and our engagement in the matching schools. Once we place, through the grant, our newly salaried clinicians in the schools, are we also permitted to bill the insurance companies through which we are credentialed for the hours they are working individually with the students in Psychotherapy sessions?

Yes, the grant is to support the time and work the clinician completes that is not billable with current MHRS, FSMHC or MCO billing codes. If providing treatment services is within the unmet need within the school where the Community Based Organization is partnered, the provider will follow and utilize their practice management system for billing for treatment services. Please see RFA pg. 7, Section II, "The school-based behavioral services will be aligned with the behavioral health unmet needs/gaps within the school. And, the array of services may include prevention, early intervention and treatment."

31. The RFA talks about a Program Manager and supervisor – can they be the same person?

If the Program Manager and supervisor is the same person, be sure to fully describe the responsibilities and credentials of that person. Please also see RFA pg. 10 for implementation requirements.

32. Are there any stipulations against using graduate and professional students to conduct therapeutic services under the supervision of a licensed professional in good standing?

Please see RFA pg. 10 for implementation requirements. The clinicians are to be licensed clinicians.

33. Are offsite services such as tele-health visits permissible or is the preference towards face to face contact only?

Please see RFA pg.16 a (3), b(8) and b(9). Describe the full array of behavioral health services and supports that are offered by your organization that may be beneficial to the students and their entire family. Also, keep in mind that a school mental health program's clinician is embedded and integrated within the school culture, school team, and school community.

34. Will DBH consider partnering CBOs when offered services may be different but complimentary for a particular school or is it the responsibility of the CBO to attempt collaborations with each other in advance?

It is available for a CBO to subcontract with another CBO. Additionally, grant recipients will be actively involved in developing a robust and effective collaboration on the implementation of a Community of Practice. This will likely foster natural partnering across CBOs and schools.

35. We would like to know for Question 5: "Total Funding - The award represents a significant percentage of the total organizational funding for this grantee. A grant that represents a significant proportion of the funding for the organization presents a higher risk," in the Fiscal Risk Assessment Scoring Sheet, if this is referring to our 2017 total revenue; or, our 2018 Total Organizational Budget (Projected Revenue)?

Applicants that are solely dependent upon funding from DBH and only DBH typically foster a higher risk to the agency.

Such methods of proposing a modest percentage of your revenue to determine your overall proposed budget is clever and highly recommended. This method would strengthen your posture and reduce the risk to the agency. This method would reduce the possibility of an applicant comingling and supplanting funds which is disallowed.

Projected revenue from 2018 is preferred.